

### HEALTH INSURANCE.

A good many members, judging from the letters which we have received, do not seem to realize that the medical profession and particularly the Medical Society of the State of California, have been in close touch with the State Social Insurance Commission practically from its very beginning. A very active committee of the State Society, of which Dr. René Bine of San Francisco is chairman, has been in constant touch with the Commission and with a number of other bodies which are all working earnestly and conscientiously together for the same purpose; first, to find out existing facts, and second, to suggest a proper method of bettering them. We need none of us have any anxiety over the possibility of hasty or ill considered legislation. In the first place, a constitutional amendment will probably be required before any legislation creating health insurance can be adopted. In the second place, from the very manner in which the Commission is studying the situation, it is apparent that the utmost consideration is to be given to the medical profession in considering the fact that its services are fundamentally essential to carrying out any plan of health insurance. Do not let us waste time or energy in thoughtlessly clamoring to oppose all such legislation. Such an attitude is worse than useless. It not only is useless, but it creates an antagonism instead of stimulating cooperation. Every county society in the state should give these matters the most careful thought and attention, and should in every way possible urge upon our members the necessity for cooperating with the committee of the State Society and with the State Commission in the study of this problem.

### IDENTIFYING RECORDS.

This time we do not refer to the records which a physician keeps, or should keep, but to the records which are being accumulated in the office of the State Society. We wish to have all the information about physicians located in California that it is possible to collect. We desire very much both a photograph of every physician and a specimen of his handwriting. It would astonish you to know how often this office is called upon to identify some particular physician, or to give some information in regard to him. Hardly a day goes by that this is not the case. In San Francisco a photograph studio offered to take a photograph of any physician free of charge and to furnish us with a copy free of charge. We therefore wrote a letter which this studio sent out, setting forth these facts. Of course, if the physician who has his picture taken likes it and orders some, the studio makes its profit, and this is the reason for their willingness to do the work. There is no compulsion, however, and no one need order any pictures if he does not wish to. However, any photograph will do and if you have one of yourself that you can spare we will highly appreciate your courtesy in sending it to us, with your autograph on the back. Last year we spent nearly six weeks trying to identify the handwriting of a certain physician in a matter of considerable legal importance and advantage to him. Please help us all you can.

### HOSPITAL CHARTS.

If some one will kindly explain to the editor why it is that hospital charts, and charts used for bedside notations by physicians in private practise, are printed in blue and purple ink, his courtesy will be greatly appreciated. Over and over again papers are sent in for publication with such charts attached, and over and over again the charts are returned to the author with the statement that it is impossible to reproduce them. Blue and purple ink will not photograph, and the entire chart must either be re-drawn in India ink, or not used at all. Would it not be possible for hospitals, and those physicians who use these ruled bedside charts, to have them printed in black, in which event they could be easily reproduced?

### STANDARD LABORATORY TESTS.

The increasing doubt with which laboratory tests are met by the general practitioner has become a source of dissatisfaction to laboratory workers, so much so that clinical pathologists realize that this incredulity must be met and overcome if the clinical pathological laboratory is to retain its place in the "sun" of medical practise.

A scientific test is one in which the personal equation has been obviated to a minimum. The same ingredients prepared in the same manner, and added in the same way, should give a standard result. The discrepant results obtained by different laboratories seeking for a similar contingency prove that "scientific" medicine is not yet scientific.

There has been a general trend towards overcoming this difficulty by associations of workers in this special field, who by means of congresses and symposiums have attempted to reach some common ground of understanding.

While this lack of uniformity in laboratory tests extends to practically all of the clinical methods employed in the diagnosis of diseases, there is no one test that has fallen into as much disrepute because of this, as the Wassermann test for the sero-diagnosis of syphilis. The Wassermann test has proven its value despite the numerous modifications and despite the many discrepant results, so that to-day a discrepant result is no longer attributed to the test, but to the lack of knowledge or poor technic on the part of the laboratory worker. It behooves, therefore, the laboratory worker to make sure that he is not lacking in any one of these requirements. There is no doubt, however, should an inquiry be conducted on this subject, that each laboratory worker would insist that his method is the method of choice, and yields reliable results. It is manifestly impossible, and it is not advisable that any one man's opinion be accepted as to the validity of the method he employs.

The California State Medical Society would do well to set an example in this regard by appointing a committee of serologists who could as a result of an investigation of the methods in current use in reliable laboratories, arrive at a conclusion as to the method yielding the most satisfactory results. They should then recommend this standard method and certify all laboratories in which this method is employed. Only in this way could

reports from different laboratories be of value. This would do away with the frequent repetition of blood tests to add to the greater confusion of the attending physician, with the consequent expense to the patient who in many instances is ill able to afford this.

This could ultimately be extended to other tests, but at the present time the crying need for exact knowledge on this subject could be met to the gratification of both patient and physician alike.

#### THE PAYING OF THE OLD MORTGAGE ON ST. LUKE'S HOSPITAL.

Some five years ago St. Luke's Hospital was changed from an institution occupying some old and shabby wooden buildings to one housed in a modern hospital building, with a modern hospital equipment. This was a great step forward, and was made possible by gifts by Mrs. Louis F. Monteagle, Mrs. Whitelaw Reid and Mr. Ogden Mills. The donations, however, carried no endowment, and the type of the hospital did not change; its revenue continuing to come chiefly from the board-money of the patients. Moreover, the hospital was carrying a mortgage, incurred in 1902 to permit the erection of a surgical pavilion, which was quite wrecked by the earthquake, and the asking for endowment while the indebtedness existed was found to be impossible. The original sum borrowed had been \$50,000.00, and this had been reduced by 1910 to \$32,000.00 by payments from hospital earnings, but there it stuck, and the interest charges were a heavy burden on the hospital resources, and stood in the way of much development that was sorely needed. The total amount of interest paid had, in fact, amounted to more than the final amount of the mortgage; that is, more than \$32,000.00. The result, therefore, was that the hospital was working for a bank instead of for the church.

Realizing that a hospital run for revenue was not the type of a church hospital, nor the kind the donors of this were really interested in, they started a subscription—themselves again giving large sums—and have paid off the entire amount. The subscribers were: Mrs. Louis F. Monteagle, Mrs. Whitelaw Reid, Mr. Ogden Mills, Mr. William H. Crocker, Mr. George Pope, Mr. W. B. Bourn, Mrs. William H. Crocker, and Mr. Louis F. Monteagle.

St. Luke's Hospital now stands clear of any debt, every cent earned by it or given to it going for support or betterment, and endowment can be asked, so that in time half the beds in the hospital shall be free, and that charity, which is the Church's only excuse for having a hospital, shall be easily possible.

This will put the hospital in the same class with other hospitals of the same name in other cities of the United States, and make it one which shall be productive medically, and so contributory to medicine, as well as the almoner of the Protestant Episcopal Church in America.

#### STATUTE OF LIMITATIONS.

Referring to an editorial in the September issue, headed "Careless Doctors," a correspondent writes for an explanation of the apparent conflict in the matter of the running of the statute of limitations. Under the Industrial Accident Law the physician's claims must be presented within six months or be outlawed. Under the code, an open or book account does not outlaw for four years. Our correspondent wishes an explanation of this apparently anomalous condition. The explanation is simple. The constitutional amendment and the act of the legislature creating the Industrial Accident Commission and outlining its jurisdiction and its activities, took the whole subject out of the range of the general law, or the code of California, and placed it in the hands of the Commission. All those code provisions and general laws which otherwise apply to such things, do not apply when they come within the territory of the Workmen's Compensation Act. Moreover, by the constitutional amendment and by this act, the courts of the state are prohibited from having any voice in any matters arising under this law, except on the one point of a review of the acts of the Commission to determine whether they have acted within or without the authority and the limitations of the act itself. This is one reason why, owing to the absolutely new condition of things, many differences in rulings and many complications have arisen, are arising, and necessarily will continue to arise for some time to come.

#### BRIEF FOR HEALTH INSURANCE.

A death rate for American wage-earners twice that of professional men; the prevalency of high sickness rates; the need among workers of better medical care and of a systematic method of meeting the wage loss incident to sickness; and the necessity for more active work in the prevention of disease, are the corner-stones of the case for compulsory health insurance presented in the brief just published in New York by the American Association for Labor Legislation. This situation, it is pointed out, cannot be met fully by existing agencies, and can only be properly remedied by a system of health insurance embracing all wage-earners and dividing the cost among employee, employer and the state.

The great amount of sickness in the homes of the poor causes an average loss by each wage-earner of nine days a year, and involves annually a national wage loss of approximately \$500,000,000. Notwithstanding the greater prevalency of tuberculosis among wage-earners, their early susceptibility to the degenerative diseases of middle life, and the excessive death rate among the industrial population, workers often are unable to secure the medical attention they require. In Rochester, New York, it was found that 39 per cent. of the sickness cases were not under a doctor's supervision; in a city like Boston, Massachusetts, one-fourth of the population, it is estimated, are unable to pay the fees of a private physician.

The lowered vitality and the poverty created by